



City of Rockville
Grant Application for Requests over \$1,000
Fiscal Year 2009 (July 1, 2008 – June 30, 2009)

Organization's Name: _____

Organization's Address: _____

City/State/Zip: _____

Website Address: _____

Program Name: _____

Contact Person/Title: _____

Telephone Number: (____) _____ **Fax** (____) _____

Email Address: _____

Amount Requested: _____

Use of Request: Will the City of Rockville's grant be used to maintain an existing program, expand an existing program or start a new program? Check the appropriate box.

☐ Maintain Existing Program ☐ Expand Existing Program ☐ Start New Program

We, the undersigned, authorize the submission of this application to the City of Rockville and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions that may be established from time to time by the City of Rockville.

Signature (Executive Director) & Date

Signature (Board President) & Date

Typed Name (Executive Director)

Typed Name (Board President)

CITY OF ROCKVILLE GRANT APPLICATION – FISCAL YEAR 2009

Organization's Name: _____

Program Name: _____

1. Briefly describe the need that your program works to address. To what extent does this need exist in Rockville?

2. Briefly describe the services or activities your program proposes to provide with City funding in FY 2009, including relevant dates or hours of operation. How many Rockville residents will participate in or benefit from the services or activities your program will provide?

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Organization's Name: _____

Program Name: _____

3. Briefly describe the history and mission of your organization or event and your prior experience providing this service. Do you rely on board members, staff and/or volunteers to provide this service or activity?

4. Please describe any objectives or outcome measures you have developed to evaluate the benefit(s) provided by this program and the process you use to assess customer satisfaction and program effectiveness.

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Program Name: _____

5. Please attach a copy of the FY 2008 operating budget for this program as well as your proposed operating budget for FY 2009. Describe specifically how City dollars will be used to provide the program outlined in Question #2.

6. Did your program receive funding from the City of Rockville for FY 2008? ____Yes ____No
If the amount of your FY 2009 request represents an increase, please explain the reason(s) for the increase.

7. What other funding will your organization raise/contribute to operate this program or activity?

8. Please list those persons who are legally authorized to sign agreements, reimbursement requests, etc.

9. Please attach recent pamphlets, brochures, etc. that you use to publicize your service or event.